# AMERICAN INDIAN/ALASKA NATIVE NATIONAL SUICIDE PREVENTION STRATEGIC PLAN

2010/11 - 2014/15

## U.S. Department of Health and Human Services Indian Health Service

# American Indian/Alaska Native (AI/AN) National Suicide Prevention Strategic Plan

Revised Draft: May 20, 2010

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### **ACKNOWLEDGEMENTS**

The Indian Health Service Suicide Prevention Committee acknowledges and supports the families who are survivors of suicide. We recognize the importance of remembering each suicide as a loss endured by the whole community. The Suicide Prevention Committee honors the survivors of suicide in Indian Country.



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### U.S. Department of Health and Human Services Indian Health Service

### **MISSION**

The mission of the Indian Health Service is to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.

### **GOAL**

To assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Alaska Native people.

### **FOUNDATION**

To uphold the Federal Government's obligation to promote healthy American Indian and Alaska Native people, communities, and cultures and to honor and protect the inherent sovereign rights of Tribes.

### **Foreword**

I am pleased to present the "American Indian/Alaska Native (AI/AN) National Suicide Prevention Strategic Plan." This Strategic Plan that we have developed is a national initiative to address suicide prevention based on fostering collaborations among Tribes, Tribal organizations, Urban Indian organizations, and other key community resources. These assets, along with academic disciplines with expertise on this problem, will provide us with the tools we need to adapt the shared wisdom of these perspectives, consolidate our experience, and target our efforts towards meeting the changing needs of our population. I want to express my appreciation to the National Tribal Advisory Committee on Behavioral Health, the Behavioral Health Work Group, and the Suicide Prevention Committee for developing the framework for this important document that will serve to pave the way over the next 5 years to address suicide in Indian Country. First, I want to thank you all for the daily care and comfort you provide to your patients throughout our communities. Your actions save lives. Each of you deserves our strongest praise and each of you has a vital role to play in this important national initiative.

We know the many challenges faced by American Indian and Alaska Native youth. The physical, environmental, social, and psychological conditions that confront Indian Country are well documented. Geographically isolated reservations may amplify these risks and contribute to a sense of hopelessness among young people. While some may find the resources to cope, others fail to receive the care they need.

Suicide is one of the most tragic events that a family can endure and the grief caused by suicide cannot be underestimated or ignored. We must continue to ensure that we take the necessary steps to prevent suicide. In many of our Tribal communities, suicide is not just an individual clinical condition, but also a community condition. We know that some of the social, educational, and cultural issues underlying suicide include poverty, lack of economic opportunity, limited educational alternatives, community breakdown, familial disruption, and stigma. These clinical and community conditions are important to acknowledge and must be addressed in order for us to promote long-term health.

The Strategic Plan is a comprehensive and integrated approach to reducing the loss and suffering from suicide and suicidal behaviors. It brings together multiple disciplines, perspectives, and resources to create an integrated system where services can be accessed across multiple settings. In this way, an individual, a family, a school, and a community are connected by a continuum of needed services, up to and including the health care system. This focus on collaboration marks only the beginning of a much larger long-term process. We are currently bringing the full weight of Tribal leadership, programs, and resources to this problem.

Reducing suicide in Indian Country is a high priority. I am committed to working in partnership with you to bring services and resources to address mental health needs and reduce the rate of suicide within American Indian and Alaska Native communities.

Yvette Roubideaux, M.D., M.P.H. Director Indian Health Service

### AI/AN National Suicide Prevention Strategic Plan

### INTRODUCTION

Welcome to the 5-year strategic plan for suicide prevention. It has been prepared collaboratively between the Indian Health Service, Division of Behavioral Health (IHS, DBH), the National Tribal Advisory Committee on Behavioral Health (NTAC), the Behavioral Health Work Group (BHWG), and the Suicide Prevention Committee (SPC).

The National Tribal Advisory Committee on Behavioral Health (NTAC) was established by the IHS Director in the summer of 2008 as a policy and advocacy body of tribal leaders providing advice and recommendations in support of the Indian Health Services efforts to address behavioral health in American Indian and Alaska Native communities. NTAC is composed exclusively of elected tribal leaders who are designated by the IHS Area Director from each IHS Area.

The IHS Behavioral Health Work Group (BHWG) was established as a technical group of subject matter experts charged with providing guidance to the Agency in the development of programs and services for behavioral health for American Indian and Alaska Native communities. The BHWG currently functions as a technical advisory group providing advice through the NTAC. The BHWG is composed of tribal and urban representatives who are providers and experts in the field of behavioral health and/or substance abuse.

The IHS Suicide Prevention Committee (SPC) was established and tasked with identifying and defining the steps needed to significantly reduce and prevent suicide and suicide-related behaviors in American Indian and Alaska Native communities. Membership of the IHS SPC is interdisciplinary and representatives are from across Indian Country. It is the responsibility of the IHS SPC to provide recommendations and guidance to the Indian health system regarding suicide prevention, intervention, and postvention in Indian Country.

Dr. Roubideaux, the IHS Director, has expressed four priority areas that as an Agency, we are fully committed to working towards. The first is to renew and strengthen our partnership with Tribes. The second is, in the context of national health insurance reform, to bring reform to IHS. The third is to improve the quality of and access to care. The fourth priority is to make all our work accountable, transparent, fair, and inclusive. This strategic plan is only one opportunity that will help us meet these priorities.

Suicide is a complicated public health challenge with a myriad of contributors in American Indian and Alaska Native (AI/AN) communities. The losses caused by suicide and suicide-related behaviors exact a profound toll on AI/AN communities. Suicides reverberate through close-knit communities and continue to affect survivors many years after the actual incident. The solutions to addressing these issues must come from all of us working together. In order for a national suicide prevention effort to succeed, it must be multi-targeted, coordinated, and above

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<sup>&</sup>lt;sup>1</sup> A postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, professionals and peers).

all, persistent. Prevention efforts must be cognizant of the cultural context of suicide and integrate traditional AI/AN healing wisdom and western public health tools.

The AI/AN National Suicide Prevention Strategic Plan, hereafter referred to as the "Strategic Plan," is a first step in describing and promoting the accumulated practice-based wisdom in AI/AN communities. The Strategic Plan mirrors, in many aspects, the National Strategy for Suicide Prevention,<sup>2</sup> a national initiative to reduce the impact of suicide and suicide-related behaviors.

The Strategic Plan will be revised over time by the IHS SPC as tasks are accomplished and new tasks identified. The contents will require refinement through an inclusive process that invites critical examination by tribes and other key stakeholders. The IHS SPC believes suicide is an act rooted in the history of a particular person, family, and people. Understanding and decreasing suicide in AI/AN communities will require the best holistic, culturally wise, and collaborative effort our communities and agencies can bring together. The Indian health system's work must recognize the historical impact of colonization on AI/AN people and must incorporate this understanding into its efforts for this work to succeed for future generations. The IHS SPC believes that promoting communication between families, community members, and organizations is critical to reducing suicide. With these principles in mind, the SPC hopes to support a holistic, cultural foundation to suicide prevention, intervention, and postvention, building on the strong resilience of AI/AN communities.

<sup>2</sup> National Strategy for Suicide Prevention: Goals and Objectives for Action, DHHS, Public Health Service, 2001.

### AI/AN National Suicide Prevention Strategic Plan Goals

- **Goal 1:** Support a holistic approach to suicide prevention, building on the strong resilience of AI/AN communities (e.g., culture, spirituality, language, and identity, etc.)
- **Goal 2:** Promote awareness that suicide is a public health problem that is preventable
- **Goal 3:** Develop broad-based support for suicide prevention
- Goal 4: Develop and implement suicide prevention strategies
- **Goal 5:** Implement training for recognition of at-risk behavior and delivery of effective treatment
- Goal 6: Develop and promote effective behavioral health clinical and professional practices
- **Goal 7:** Improve access to and community linkages with mental health and substance abuse services
- **Goal 8:** Promote and support research, evaluation, and surveillance on suicide and suicide prevention in Indian Country

## AI/AN National Suicide Prevention Strategic Plan

|          | Goal 1. Support a holistic approach to suicide prevention, building on the strong resilience of AI/AN communities (e.g., culture, spirituality, language, and identity, etc.) |                           |                    |  |
|----------|---|---------------------------|--------------------|--|
|          | Objective 1.1. Promote the importance of involving AI/AN communities, youth leadership,   |                           |                    |  |
| -        | ial leaders, cultural leaders, and elders in all  | -                         |                    |  |
|          | ry to create community and youth-driven pr  |                           | ining, and service |  |
| Tasks    |   | Responsibility            | Timeline           |  |
| 1        | The IHS will identify and actively  | IHS Suicide               | Short-term         |  |
| 1        | recruit youth, spiritual, and cultural  | Prevention                | (12 Months or      |  |
|          | leaders to become members of the IHS  | Committee                 | Less)              |  |
|          | Suicide Prevention Committee.   | Committee                 | LC33)              |  |
| GOA      | L 2: Promote awareness that suicide is a p  | public health problem tl  | hat is preventable |  |
| Objec    | tive 2.1. Maintain and update the IHS Com   | munity Suicide Prevention | on Web site to     |  |
| provid   | de AI/AN communities with culturally appro  | opriate information and   | training about     |  |
| praction | ce-based and best practices in suicide preven   | ntion, intervention, and  | postvention.       |  |
| Tasks    |   | Responsibility            | Timeline           |  |
| 1        | The IHS Division of Behavioral Health   | IHS DBH                   | Short-term         |  |
|          | (DBH) will maintain and update the IHS  |                           | (12 Months or      |  |
|          | Community Suicide Prevention Web  |                           | Less)              |  |
|          | site monthly.   |                           |                    |  |
| 2        | The IHS SPC will maintain and update  | IHS SPC                   | Short-term         |  |
|          | the IHS Community Suicide Prevention  |                           | (12 Months or      |  |
|          | Web site monthly.   |                           | Less)              |  |
| Objec    | tive 2.2. Develop a national AI/AN suicide  | prevention public aware   | ness strategy.     |  |
| Tasks    |   | Responsibility            | Timeline           |  |
| 1        | Develop and implement an annual   | I/T/U and Federal         | Intermediate-term  |  |
|          | national AI/AN suicide awareness day  | Partners                  | (12 to 36 Months)  |  |
|          | in September.   |                           |                    |  |
| 2        | Develop and implement a suicide   | I/T/U and Federal         | Intermediate-term  |  |
|          | awareness day toolkit.  | Partners                  | (12 to 36 Months)  |  |
| 3        | Develop informational brochures,  | I/T/U and Federal         | Intermediate-term  |  |
| 3        | posters, and public service   | Partners                  | (12 to 36 Months)  |  |
|          | announcements for television and radio,   | 1 armers                  | (12 to 30 Months)  |  |
|          | which will describe available mental  |                           |                    |  |
|          | health, substance abuse, and suicide  |                           |                    |  |
|          | prevention services.  |                           |                    |  |
| 4        | Develop public awareness campaign   | I/T/U and Federal         | Intermediate-term  |  |
|          | with intent to decrease stigma and to   | Partners                  | (12 to 36 Months)  |  |
|          | normalize behavioral services as being  |                           |                    |  |
|          | primary and basic care. This would  |                           |                    |  |
|          | include engaging other national   |                           |                    |  |
|          |   |                           |                    |  |
|          | behavioral health organizations (e.g.   |                           |                    |  |
|          | behavioral health organizations (e.g. American Psychiatric Association,   |                           |                    |  |

|   | etc.).  |                          |                      |  |
|---|---|--------------------------|----------------------|--|
|   | ,   |                          |                      |  |
| GOA   | L 3: Develop broad-based support for  | suicide prevention       |                      |  |
|   | ctive 3.1. Support the IHS in its efforts to  |                          |                      |  |
| Task  |   | Responsibility           | Timeline             |  |
| 1   | The IHS will provide resources to   | IHS                      | Short-term           |  |
|   | support the implementation of the   |                          | (12 Months or        |  |
|   | strategic plan.   |                          | Less)                |  |
|   | ctive 3.2. Develop and strengthen collabor  | *                        |                      |  |
|   | ral, non-Federal, State, and local partners and funding and other resources for suicide |                          | cy changes and       |  |
| Task  |   | Responsibility           | Timeline             |  |
| 1   | Participate in conference calls,  | I/T/U and Federal        | Short-term           |  |
|   | meetings, and conferences locally,  | Partners                 | (12 Months or        |  |
|   | regionally, and nationally.   |                          | Less)                |  |
| 2   | Collaborate with injury prevention  | I/T/U and Federal        | Short-term           |  |
|   | programs to develop suicide   | Partners                 | (12 Months or        |  |
|   | prevention initiatives.   |                          | Less)                |  |
| 3   | Collaborate with first responders to  | I/T/U and Federal        | Short-term           |  |
|   | develop suicide prevention initiatives.   | Partners                 | (12 Months or        |  |
|   |   |                          | Less)                |  |
| 4   | Collaborate with educational partners   | I/T/U and Federal        | Short-term           |  |
|   | to develop suicide prevention   | Partners                 | (12 Months or        |  |
| _   | initiatives.  | X/77/XX 1 72 1 1         | Less)                |  |
| 5   | Collaborate with the Veterans   | I/T/U and Federal        | Short-term           |  |
|   | Healthcare Administration to develop  | Partners                 | (12 Months or        |  |
| COA   | suicide prevention initiatives.   |                          | Less)                |  |
|   | L 4: Develop and implement suicide pro  |                          | ha dayalammant of    |  |
| _   | ctive 4.1. Promote and increase AI/AN corder prevention plans.                          | mmunity involvement in t | ne development of    |  |
| Task  |   | Responsibility           | Timeline             |  |
| 1   | Encourage and support all 12 IHS  | I/T/U and Federal        | Intermediate-term    |  |
|   | Areas to develop an area-wide suicide   | Partners                 | (12 to 36 Months)    |  |
|   | prevention plan.  |                          |                      |  |
|   |   | V/07/77                  |                      |  |
| 2   | Encourage and support Tribes and  | I/T/U and Federal        | Intermediate-term    |  |
|   | local communities to develop local  | Partners                 | (12 to 36 Months)    |  |
| Ol.   | suicide prevention plans.   |                          | ha darrata arra C    |  |
|   | ctive 4.2. Promote and increase AI/AN co  |                          |                      |  |
| interdisciplinary crisis response plans and teams to address behavioral health crises.  Tasks Responsibility Timeline |   |                          |                      |  |
| 1 ask   | Collaboratively develop and   | I/T/U and Federal        | Intermediate-term    |  |
| 1   | implement interdisciplinary crisis  | Partners                 | (12 to 36 Months)    |  |
|   | response plans and teams at the Area,   | 1 aruncis                | (12 to 50 iviolitis) |  |
|   | Tribal, and local level, including  |                          |                      |  |
|   |   | <u> </u>                 |                      |  |

|   | Elders and Traditional Practitioners   |                               |                                     |
|---|--|-------------------------------|-------------------------------------|
| 2 | Provide training and technical assistance for the development and implementation of crisis response plans and teams, including Elders and Traditional Practitioners. | I/T/U and Federal<br>Partners | Intermediate-term (12 to 36 Months) |

# GOAL 5: Implement training for recognition of at-risk behavior and delivery of effective treatment

Objective 5.1. Identify, involve, and train program staff and community members who are vital to suicide prevention efforts.

| Tas | sks                             | Responsibility    | Timeline          |
|-----|---------------------------------|-------------------|-------------------|
| 1   | Provide training and technical  | I/T/U and Federal | Intermediate-term |
|     | assistance to program staff and | Partners          | (12 to 36 Months) |
|     | community members.              |                   |                   |

Objective 5.2. Provide comprehensive, multidisciplinary training on suicide prevention, intervention, and postvention to enhance clinical, professional, and culturally competent practices.

| Tasks |                                | Responsibility    | Timeline          |
|-------|--------------------------------|-------------------|-------------------|
| 1     | Provide training and technical | I/T/U and Federal | Intermediate-term |
|       | assistance to program staff.   | Partners          | (12 to 36 Months) |

# GOAL 6: Develop and promote effective behavioral health clinical and professional practices

Objective 6.1. Support the development of aftercare services, support groups, and access to culturally and tribally sensitive resources for survivors.

| Tasks | s                                     | Responsibility    | Timeline      |
|-------|---------------------------------------|-------------------|---------------|
| 1     | Develop survivor and survivor of an   | I/T/U and Federal | Long-term     |
|       | attempt support services in Indian    | Partners          | (36 Months or |
|       | Country.                              |                   | More)         |
| 2     | Research available resources for      | I/T/U and Federal | Long-term     |
|       | survivors and survivors of an attempt | Partners          | (36 Months or |
|       | and add these resources to the IHS    |                   | More)         |
|       | Community Suicide Prevention Web      |                   |               |
|       | site.                                 |                   |               |

Objective 6.2. Increase the proportion of healthcare providers who conduct screenings for depression, substance abuse, suicide risk, and presence of lethal means during routine primary care in efforts to reduce suicide risk.

| Tasks | S  | Responsibility                | Timeline                             |
|-------|--|-------------------------------|--------------------------------------|
| 1     | Provide behavioral health training to healthcare providers.  | I/T/U and Federal<br>Partners | Short-term (12 Months or             |
|       |  |                               | Less)                                |
| 2     | Partner with the AI/AN professional associations to provide suicide prevention training at their annual conferences. | I/T/U and Federal<br>Partners | Short-term<br>(12 Months or<br>Less) |

|         |   |                             | 1                    |
|---------|---|-----------------------------|----------------------|
| 3       | Promote awareness of existing                 | I/T/U and Federal           | Short-term           |
|         | screening and suicide risk assessment         | Partners                    | (12 Months or        |
|         | tools for primary care providers.             |                             | Less)                |
|         | etive 6.3. Provide culturally competent trans |                             |                      |
|         | ased understanding of suicide and those at    |                             |                      |
| Tasks   | S   | Responsibility              | Timeline             |
| 1       | Provide training and technical                | I/T/U and Federal           | Intermediate-term    |
|         | assistance to first responders.               | Partners                    | (12 to 36 Months)    |
| 2       | Encourage interaction of local mental         | I/T/U and Federal           | Intermediate-term    |
|         | health staff with local first responders.     | Partners                    | (12 to 36 Months)    |
| GOA     | L 7: Improve access to and community          | linkages with mental hea    | alth and substance   |
|         | e services                                    |                             |                      |
| Objec   | etive 7.1. Develop initiative to improve ac   | cess to behavioral health s | ervices.             |
| Task    | <b>.</b>                                      | Responsibility              | Timeline             |
| 1       | Support for tele-behavioral health            | I/T/U and Federal           | Long-term            |
|         | services and increase number of               | Partners                    | (36 Months or        |
|         | delivery sites.                               |                             | More)                |
| Objec   | ctive 7.2. Develop strategies to increase re  | cruitment and retention to  | address the shortage |
|         | navioral health providers in Indian Countr    |                             | C                    |
| Tasks   |   | Responsibility              | Timeline             |
| 1       | Conduct an assessment of the                  | I/T/U and Federal           | Intermediate-term    |
|         | challenges surrounding recruitment            | Partners                    | (12 to 36 Months)    |
|         | and retention.                                |                             |                      |
| 2       | Develop and implement                         | I/T/U and Federal           | Long-term            |
|         | recommendations to improve                    | Partners                    | (36 Months or        |
|         | recruitment and retention.                    |                             | More)                |
| GOA     | L 8: Promote and support research, eva        | aluation, and surveillanc   | e on suicide and     |
|         | le prevention in Indian Country               |                             |                      |
| Objec   | ctive 8.1. Collaborate with behavioral heal   | th researchers and research | h institutions to    |
| facilit | ate communication regarding AI/AN suic        |                             |                      |
| Task    | S   | Responsibility              | Timeline             |
| 1       | Support culturally competent research.        | I/T/U and Federal           | Short-term           |
|         |   | Partners                    | (12 Months or        |
|         |   |                             | Less)                |
| 2       | Encourage the utilization and                 | I/T/U and Federal           | Short-term           |
|         | implementation of a suicide                   | Partners                    | (12 Months or        |
|         | surveillance tool (e.g., IHS Suicide          |                             | Less)                |
|         | Report Form in the Resource Patient           |                             |                      |
|         | Management System).                           |                             |                      |
| 3       | Publish and disseminate a behavioral          | I/T/U and Federal           | Intermediate-term    |
|         | health report, which will include             | Partners                    | (12 to 36 Months)    |
|         | available suicide data.                       |                             | Í                    |
|         |   |                             | <del></del>          |

### For more information:

Learn more about suicide prevention efforts in Indian Country, resources, potential partnerships, and ongoing activities. Please visit the IHS Community Suicide Prevention Web site at the following address: <a href="http://www.ihs.gov/NonMedicalPrograms/nspn/">http://www.ihs.gov/NonMedicalPrograms/nspn/</a>.

The Honouring Life Network is a project of the National Aboriginal Health Organization. Their Web site offers culturally relevant information and resources on suicide prevention to help Aboriginal people deal with a problem that has reached crisis proportions in some First Nations, Inuit, and Métis communities in Canada. Please visit the website at the following address: <a href="http://www.honouringlife.ca/">http://www.honouringlife.ca/</a>

### **IHS Suicide Prevention Initiative Contact:**

Division of Behavioral Health Office of Clinical and Preventive Services Indian Health Service Headquarters 801 Thompson Avenue, Suite 300 Rockville, MD 20852 (301) 443-2038

### **Appendix A: Suicide Prevention Web Sites**

### **American Association of Suicidology**

The American Association of Suicidology is a nonprofit organization dedicated to the understanding and prevention of suicide.

www.suicidology.org

### **American Foundation for Suicide Prevention**

The American Foundation for Suicide Prevention is dedicated to advancing our knowledge of suicide and our ability to prevent it.

www.afsp.org

### Centers for Disease Control and Prevention Injury Center: Suicide Prevention

This Web site offers general information about suicide including terminology, risk and protective factors, consequences of suicide, and prevention strategies.

www.cdc.gov/ncipc/dvp/Suicide/default.htm

### **Jason Foundation, Inc.**

The Jason Foundation, Inc. educates young people and others who work with young people about youth suicide.

www.jasonfoundation.com

#### **Jed Foundation**

The Jed Foundation is a nonprofit public charity established to prevent suicide on college campuses and focus on the underlying causes of suicide.

www.jedfoundation.org

### **National Organization for People of Color Against Suicide (NOPCAS)**

NOPCAS' goals are to bring suicide and depression awareness to minority communities that have historically been discounted from traditional awareness programs.

www.nopcas.org

#### **National Suicide Prevention Lifeline**

The National Suicide Prevention Lifeline 1-800-273-TALK (8255) is a 24-hour, toll-free, confidential suicide prevention hotline available to anyone in suicidal crisis or emotional distress.

www.suicidepreventionlifeline.org

### **One Sky Center**

One Sky Center is a national resource center for American Indians and Alaska Natives dedicated to improving prevention and treatment of substance abuse and mental health across Indian Country.

www.oneskycenter.org

### Suicide Prevention Action Network USA (SPAN USA)

SPAN USA is the Nation's only suicide prevention organization dedicated to leveraging grassroots support among suicide survivors and others to advance public policies. <a href="https://www.spanusa.org">www.spanusa.org</a>

### **Suicide Prevention Resource Center**

The Suicide Prevention Resource Center provides prevention support, training, and materials to strengthen suicide prevention efforts.

www.sprc.org

### **The Trevor Project**

The Trevor Project is the leading national organization focused on crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender and questioning youth.

www.thetrevorproject.org

### **Veterans Affairs Suicide Prevention Hotline**

Veterans can call 1-800-273-TALK (8255) and press "1" to reach the VA hotline, which will be staffed by mental health professionals in Canandaigua, N.Y. who will work closely with local Department of Veterans Affairs' mental health providers.

www.suicidepreventionlifeline.org